



# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA  
Chief Executive Officer

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September 23, 2008

To: Supervisor Yvonne B. Burke, Chair  
Supervisor Gloria Molina  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

## **COST SAVINGS AND REVENUE INITIATIVES FOR THE DEPARTMENT OF HEALTH SERVICES – INFORMATION FOR SUPPLEMENTAL BUDGET (AGENDA OF OCTOBER 7, 2008)**

On February 19, 2008, on motion by Supervisor Knabe, your Board instructed this Office to provide, by March 24, 2008, a comprehensive list of all cost savings options from which to choose to balance the Department of Health Services' (DHS) 2008-09 budget; and by July 7, 2008, a proposed project plan to expand privatization of County clinic services which is being addressed separately.

On March 26, 2008, this Office provided your Board with a Financial Stabilization Plan and a list of savings and revenue initiatives identified to help balance DHS' Fiscal Year (FY) 2008-09 budget. We also noted that a comprehensive list of all cost savings options, including potential service curtailments to address the projected DHS budget deficit beginning in 2008-09, would be provided.

This is to provide your Board with the comprehensive list of all cost savings and revenue initiatives that DHS has identified and are being implemented. At this point, service curtailments are not needed, as a result of DHS' cost savings measures and revenue initiatives, since we have prepared a balanced budget for FY 2008-09. However, there remain numerous programmatic, financial, and operational challenges facing DHS; and this Office and DHS initiated a collaborative effort to meet such challenges. We convened a meeting with all DHS Executive Managers to discuss and formulate a framework of initiatives to help move the County's healthcare system

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forward. Part of our stakeholder process also involved discussions with staff from your offices and as a result of such efforts additional cost savings options were identified. We also reviewed DHS' hiring freeze and determined that it needed to remain in place. In addition, this Office has implemented a partial expenditure freeze at DHS.

We have identified an extensive and comprehensive list of cost savings measures and revenue initiatives which will help produce cost savings or revenue opportunities in several areas. The total cost savings over two years are estimated to be \$143.3 million, consisting of \$53.4 million in FY 2007-08 and \$89.9 million in FY 2008-09. The anticipated savings for FY 2007-08 were realized. Some of the savings projected for FY 2008-09, are in the following areas:

- Pharmaceutical savings totaling \$44 million, including \$35.3 million based on an aggressive effort to mitigate increases in drug costs;
- Administrative cost reductions totaling \$13 million, including a \$3 million services and supplies curtailment in DHS administration;
- Additional revenues of \$9 million based on improved recovery efforts for unreimbursed psychiatric inpatient costs; and
- Information Technology curtailments totaling \$5 million.

DHS management has implemented a tracking system to monitor the progress of its financial goals, and they meet monthly with the responsible managers to ensure that savings goals are on track. All managers and staff at each DHS facility are involved in the implementation of these goals. Cost savings and revenue initiatives are important components of the DHS budget plan and DHS will continue to identify additional opportunities to address their deficit.

If you have any questions, please contact me or your staff may contact Mason Matthews of this Office at (213) 974-2395, or at [mmatthews@ceo.lacounty.gov](mailto:mmatthews@ceo.lacounty.gov); or Efrain Munoz with DHS at (213) 240-7882, or at [emunoz@ladhs.org](mailto:emunoz@ladhs.org).

WTF:SRH:SAS  
MLM:yb

Attachment

c: Executive Officer, Board of Supervisors  
County Counsel  
Interim Director, Department of Health Services

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES**  
**FINANCIAL STABILIZATION - DHS SYSTEMWIDE**  
**FISCAL YEARS 2007-08 AND 2008-09**

As of 9/4/08

Ln #	Description	Savings Type	Status	FY 07-08	FY 08-09
1	No deposit to the ACO vehicle account (EMS).	Administrative Costs	EMS has indicated they are not buying any ambulances in FY 07-08.	0.150	-
2	Contract Savings	Administrative Costs	Ongoing identification of contract expenditure savings for the facility	-	0.079
3	Warehouse Inventory One-Time Reduction to 3 Weeks Supply	Administrative Costs	Implement new policy to maintain 3 weeks inventory supply in the Warehouse. The one-time savings that can be achieved is \$100,000.	0.100	-
4	ISD - Various	Administrative Costs	DHS Finance met with ISD in 10/22/07, including Jim Jones, Sheila Shima, and Patrick Anderson. ISD provided DHS with schedules breaking out the ISD charges into various categories. DHS facilities looks for opportunities to reduce utilization of ISD services in areas that could produce savings in the DHS budget. DHS expects to receive the ISD billing data on a monthly basis.	-	0.015
5	ISD - Premises Sys Engineering (3440) cost can be reduced by creating positions in the facility budget to hire this staff in house.	Administrative Costs	Required new items as an enabler: 3 - 2560 Sr. Network Systems Administrator positions, 1 - Information System Supervisor III position.	-	0.716
6	ISD - Power Plant Operations and Maintenance	Administrative Costs	Reduce power plant expenses by handling maintenance through in house facilities staff	0.200	0.517
7	ISD - Review need for vehicles of all hospital vehicles with a determination of actual need for the facility and lobby for continued purchase of used ISD vehicles.	Administrative Costs	Potential Savings in ISD for maintenance/repair and gas/oil expenditures by eliminating those vehicles that are not critical to the hospitals operations. Also, ISD recently stopped allowing other depts. to purchase their 2-3 yr old vehicles at very minimal cost.	0.008	0.125
8	OPS	Administrative Costs	Review current staffing levels and locations in hospital where security guards are present, then prioritize those locations based on security needs and reduce staffing elsewhere accordingly. Present to CEO a review of staffing levels provided by Office of Public Safety for both armed and unarmed security personnel.	-	1.387
9	Reduce discretionary S & S spending	Administrative Costs	Issue revised allocations for FY 07-08 to the responsible managers and submit budget reduction documents for FY 08-09.	15.748	6.588
10	Cost reduction	Administrative Costs	Reduce S&S budgets of various HSA units to partially offset the Department deficit.	-	2.983
11	Replacement Facility Move Transition and OMDI Cost	Administrative Costs	Reevaluate the forecast for replacement facility activities in FY 2007-08.	7.720	-
12	Reduction in Physician contracts	Administrative Costs	Reduce physician contract spending	-	0.390
13	Curtail memberships of the advisory board co.	Administrative Costs	Letter sent, canceling as of Jan 1, 2008. Savings for FY07-08 is estimated 6 mos.	0.170	0.170
		<b>Administrative Costs Total</b>		<b>24.096</b>	<b>12.970</b>
14	IT Operational Efficiencies	Information System	Revised project implementation.	-	4.690
15	Reduce Quadramed Contract Maintenance, Pool Dollar & Out-of-Pocket Expenses (component of 27)	Information System	Postpone implementation of Quadramed Patient Accounting, Contract Mgmt., and the Ambulatory Abstract modules, indefinitely, and save on budgeted maintenance costs (\$27,500), reduce pool dollars for Quantim EDM project (\$16,200) and Out-of-Pocket expenses (\$15,000).	-	0.154
16	Reduce Quadramed Contract Software License Costs (component of 27)	Information System	Postpone implementation of Quadramed Patient Accounting, Contract Mgmt., and the Ambulatory Abstract modules, indefinitely, and save one time cost of software license.	0.460	0.149
		<b>Information System Total</b>		<b>0.460</b>	<b>4.993</b>
17	Reduction in X-Ray film	Medical Administration	Reduction in purchase of X-Ray film due to PACS implementation	-	0.025
18	Establish an enterprise-wide Medical Test Formulary Committee to provide utilization guidelines to clinicians and to the Dept. of Pathology at the various facilities.	Medical Administration	The DHS Laboratory Information Steering Committee (Laboratory CIOs from each facility) developed a standardized enterprise workload report. Based on this workload report, the DHS Laboratory Steering Committee (appointed by the DHS Clinical Operations Committee) identified the top 90% of ordered tests. This 90% test list was submitted to the DHS Laboratory Executive Committee for review and discussion with their facility's medical staff. The objective is to develop a "Test Formulary" to be managed and operated similarly to the existing DHS P&T Committee. The Laboratories endeavor to serve the clinicians by providing all tests requested to diagnose disease. This, however, opens the door for the use of any test at the discretion of the clinicians. Explore the possibility of establishing an enterprise-wide committee that would provide guidelines for the use of medical tests.	-	0.025
19	Standardize Interventional Radiology Supplies	Medical Administration	Establish a group consisting of radiology and materials mgmt. staff to work on the standardization of radiology interventional supplies. Focus on high-cost items and move towards a Just-In-Time ordering system. Establishment of a JIT system further results in a decreased incidence rate for expired supplies.	-	0.050
20	Reduction in Radiology Film Costs	Medical Administration	The implementation of the Radiology PACS system on 1/1/08 results in a reduction of film supply costs by 50% annually. The reduction of weekend overtime worked associated with PACS is already accounted for in the Harbor overtime reduction proposal above.	0.313	0.394
21	Reduce Medquist Transcription Contract Costs	Medical Administration	Harbor currently spends \$1 million on medical transcription services in HIM, Radiology and Pathology. Savings can be achieved by negotiating new contract terms that provides the voice recognition option, which is more efficient.	-	0.150

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES  
FINANCIAL STABILIZATION - DHS SYSTEMWIDE  
FISCAL YEARS 2007-08 AND 2008-09**

As of 9/4/08

Ln #	Description	Savings Type	Status	FY 07-08	FY 08-09
22	Resume DHS-Wide Shared Lab Program and reduce reliance on outside reference labs	Medical Administration	The DHS Laboratory Executive Committee (Laboratory Directors and Laboratory Managers from each facility) discussed restructuring the DHS Shared Laboratory Program. Consideration is given to staffing, equipment and information system (electronic result reporting) availability. Additionally, the Committee begins to identify potential contracted laboratory tests to be done in-house. Harbor's reliance on outside reference labs continues to increase and this is an inefficient way to do business. Specimens for non-esoteric test are sent out because we do not have the equipment; however, the trend is that more are sent out due to staffing shortages (hard-to-recruit positions; pending Med Tech lab reclass, need Med Tech hourly item classification, etc.). Need to evaluate DHS-Wide what tests each facility has excess capacity to provide and what test are currently purchased from reference labs. Another option would be to renegotiate the reference lab contracts i.e., renegotiate rates paid or encourage the reference labs to bill Medi-Cal directly.	-	0.150
23	Switch to Quest Labs from Focus for testing for Hepatitis B Virus DNA Qunt, PCR & Hepatitis C Viral RA, Qual, PCRc Cardiolipin Screen w/reflex to IGA, IGM, IGG.	Medical Administration	Implementation steps & required investments: ELIS Database creation of new testcodes/LIS Build in Affinity. Estimated Annual cost saving = \$ 112,806.12 Estimated cost of required Investments = Staff Time Investment = One Time. Impact on Service/Quality = No change.	0.021	0.112
24	Change instrument platform for Rheumatoid Factor, C3, C4, and Prealbumin from the Image to the Roche chemistry analyzers.	Medical Administration	Implementation steps & required investments: Validate assays on Roche instrument. Estimated Annual cost saving = \$ 3,600.00 Estimated cost of required Investments = Staff Time. Investment = One Time. Impact on Service/Quality = Prealbumin is to be available 24/7 for patient care as an improvement in service. Moving these tests also allows other low volume long TAT tests to be batched for improved efficiency.	0.001	0.004
25	Discontinue performing CKMB assay.	Medical Administration	Implementation steps & required investments: Get buy-in from the major stakeholders. Estimated Annual cost saving = \$ 31,700.00 Impact on Service/Quality =No negative impact on service or quality since Troponin test is the recommended cardiac marker.	0.003	0.032
26	Reduce CHP Out-of-Plan Expenditure through proactive efforts to contact patients.	Medical Administration	Review CHP patients with more than 2-3 ER visits (non-Harbor primary care site) and contact these patients to schedule their follow-up appointments at Harbor. A mechanism needs to be put into place to provide CHP patients some priority appointments so they do not present to other sites.	-	0.250
27	Standardize operating room products and equipment and review surgery procedure pack product contents.	Medical Administration	Establish a group of nurses, physicians and materials mgmt. staff to work on the standardization of operating room products and supplies that are ordered. This is used in the private sector and can produce significant savings. Focus on high-cost items, including ortho. supplies. Move towards a Just-In-Time ordering system. Include a review of the products contained in the surgical packs. Eliminate products or substitute items with comparable products obtain through Novation (PHS pricing). To achieve the entire savings, DHS will need to enforce the standardization initiatives and achieve compliance (80 to 90% depending on the initiative) to the chosen vendor(s).	-	2.032
28	GPO standardization	Medical Administration	Implement DHS product standardization initiatives and convert non-agreement to agreement items. These are savings related to medical products achievable through standardization and are based on the current purchasing practices and facility compliance.	0.300	0.175
29	Rebates received from the Group Purchasing Organization	Medical Administration	Rebates received from the Group Purchasing Organization for medical supply purchases. These savings are Patronage Equity rebates that DHS receives from the University HealthSystem Consortium (UHC) for utilizing Novation agreements. When these rebates are received they are distributed/transferred to the facilities as reimbursements to the expenses.	1.767	2.127
		<b>Medical Administration Total</b>		<b>2.405</b>	<b>5.526</b>
30	Nurse Recruitment to Fill County Positions and Reduce Overtime. Reduce Nursing Full-Time Permanent Staffing Costs by Implementing New Part-Time, Hourly "F" Item Classifications.	Nursing Registry	Establish a DHS-Wide Nurse Recruitment Program as an on-going effort. Filling nurse permanent vacancies with County paid employees is more cost-effective than paying overtime or utilizing registries. Harbor's proposal to create part-time item classifications was supported by DHS in 1995. The plan may be with CEO Class Comp. If this is established as a priority, it is feasible for DHS to work with CEO Class Comp over the next 8 months to create these temporary item classifications. Currently, full-time permanent "A" items and overtime are used to staff LVN and Nursing Attendant items on weekends and to address employee call offs, census fluctuations, etc. In the private sector, part-time people are sent home if the workload does not justify the expense. Harbor does not have the ability to flex staffing with workload due to the lack of temporary employee classifications and use of overtime to accomplish this is expensive. Some facilities may also utilize registry employees to flex staffing, which is also expensive.	-	2.000
31	Reduce Nursing Registry personnel costs	Nursing Registry	Harbor only utilizes seven nursing registry personnel in the ER and ICU areas. Registry staffing can be reduced by one position. Significant potential exists DHS-Wide to reduce registry costs i.e., nursing attendants obtained through registries, etc.	0.800	0.900

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES**  
**FINANCIAL STABILIZATION - DHS SYSTEMWIDE**  
**FISCAL YEARS 2007-08 AND 2008-09**

As of 9/4/08

Ln #	Description	Savings Type	Status	FY 07-08	FY 08-09
32	Convert registries nursing sitters to County employees to meet JCAHO standards	Nursing Registry	Nursing Attendant Sitters are needed to provide 1:1 constant observation to all patients placed in behavioral restraints in all patient units to meet JCAHO standards. Also, for patients who are on legal holds for danger to self and others that require "one to one" observation as medically prescribed by their physicians. Sitters also provide constant monitoring to patients identified as all risk. The JCAHO national patient safety goal requires that the organization implements a fall reduction program to reduce the risk of patient harm resulting from falls. OV Medical Center is currently using registry Nursing Attendant sitters to meet the demand. The cost for 33.0 nurse attendant positions is to be offset with reduced registry costs and result in additional savings.	-	0.483
		<b>Nursing Registry Total</b>		<b>0.800</b>	<b>3.383</b>
33	Establish DHS Protocol for the use of Rheumatology Drugs. Identify preferred drugs and work with providers to encourage the use of these agents <b>LAC+USC AND OVMC ONLY</b>	Pharmaceuticals	Convene DHS expert panel to review the use of the high cost rheumatology drugs and develop guidelines for their appropriate use/indications. We believe other private hospitals prescribe these drugs per specific protocols. Panel convened and decisions made at P&T and approved. Facilities to implement.	0.375	0.750
34	Cardinal Drug Recovery Program. Increase use of patient assistance programs to defer the costs of high cost pharmaceuticals use the pharmaceutical companies established drug assistance programs <b>OVMC ONLY</b>	Pharmaceuticals	Completed - Board approved Cardinal contract on 12/18/07. Implementation in progress with OVMC.	0.169	2.000
35	Wholesaler Initiative: Increase pharmaceutical wholesaler prompt pay rebates	Pharmaceuticals	Wholesaler has placed non-DHS accounts in another assessment group, so only DHS accounts are now reflected on the WAPD report. Prompt pay discount was met for Oct, Dec, and Jan.	0.100	0.120
36	340B Contracting-purchasing initiatives for hospital sites	Pharmaceuticals	DHS Pharmacy Procurement reviewing 340B Optimization reports on a quarterly basis to maximize use of 340B drugs through the use of the 340b maximization reports.	1.600	2.000
37	Mandatory Generics - Maximize generic drug purchases	Pharmaceuticals	Maximize purchases placed for generic drugs, when generic equivalent is commercially available.	2.160	2.000
38	Identification of lost rebates/discounts for pharmaceuticals	Pharmaceuticals	DHS Procurement on an ongoing basis look to capture lost pharmaceutical rebates, credits and other opportunities that may be available to DHS.	1.500	1.000
39	Therapeutic interchange initiatives -Multiple initiatives approved by the DHS Core P&T Committee	Pharmaceuticals	DHS facilities implements DHS Core P&T-approved therapeutic interchange initiatives	0.750	1.000
40	Ongoing efforts to identify methods to reduce pharmaceutical costs	Pharmaceuticals	Continuous efforts based on historical trends and current experiences are in place to reduce costs or to increase efficiency.	17.498	35.298
		<b>Pharmaceuticals Total</b>		<b>24.152</b>	<b>44.168</b>
41	Improve/increase Medicare reimbursement on Indirect Medical Education (IME) revenues by reducing the available bed through a temporary reduction in licensed beds.	Revenue	Consider the temporary suspension of licensed beds to increase IME reimbursement. Current formula is I&R FTE/Available Beds. This percentage is applied to Medicare DRG payments to provide for additional supplemental payments for teaching hospitals.	-	0.785
42	Psych Inpatient Services	Revenue	Reflect additional Medi-Cal I/P and Mental Health revenues to be received for the following efforts: (1) DHS continues to pursue obtaining State and CMS approval on a State Plan Amendment (SPA) to receive FFP for the unreimbursed costs of providing psychiatric services to Medi-Cal beneficiaries; (2) DHS continues to work with DMH to increase the current Medi-Cal utilization rate of 25% by additional 20%; and (3) DHS continues to operate 145 budgeted Psych Inpatient beds at LAC+USC, H/UCLA, and OV/UCLA Medical Centers to provide psych ER services. DMH will pay DHS for acute days at SMA acute rate and for administrative days at SMA administrative rate.	-	8.996
43	Fire Dept - Bioterrorism , Paramedics, and Search & Rescue (OV/UCLA only)	Revenue	The fire dept has a bioterrorism grant and buys supplies from OVMC. The fire dept is willing to pay OVMC for the staff time involved in provided the supplies and for other incidental expenses.	0.080	0.090
44	Recognize BCEDP and Insurance revenues in excess of budget	Revenue	The current facility forecast for BCEDP and Insurance revenues exceeds the Final Budget. This is to recognize this surplus in the Financial Stabilization Plan. This adjustment was included in the DHS Budget Request submitted to the CEO on 1/29/08. The estimated revenue surplus for FY 2007-08 is already reported in the facility forecast.	-	2.500
45	CHP Pharmacy for CHC/HCS	Revenue	File claims for reimbursement of prescriptions filled for CHP patients	0.185	0.086
46	Hospitalist Program	Revenue	Utilize a hospitalist to manage patients in the wards, expediting discharges and transfers from ER to the wards.	0.152	0.380
47	Patient Payment Plan	Revenue	Self-pay patients who maintain a payment plan thru hospital Affinity PA System.	0.104	0.104
48	Reduce Denied Days by implementing Emergency Room Case Mgmt. Program	Revenue	Implement UM Case Mgmt Program to review ER Admission requests and divert inappropriate admissions. Coordinate scheduling of ancillary tests with depts., expedite ER transfers to RLA, actively address placement issues. Also screen outpatient clinic admissions and divert inappropriate admissions. Harbor is at full capacity and this allows us to more appropriately utilize resources and avoid ER closure to transfer patients.	-	0.250
49	Reduce Denied Days in all Hospital Depts. by 5%	Revenue	Provide additional educational programs aimed at physician documentation to maximize reimbursement. Produce dept. specific and potentially physician specific trending reports. Discuss progress in Quarterly Shared Mgmt. (Budget) meetings with each dept.	0.521	0.691

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES  
FINANCIAL STABILIZATION - DHS SYSTEMWIDE  
FISCAL YEARS 2007-08 AND 2008-09**

As of 9/4/08

Ln #	Description	Savings Type	Status	FY 07-08	FY 08-09
50	Establishment of a DHS admission protocol, including provisions for patients under observation in the ER (an observation billing rate to reduce denied days).	Revenue	DHS study the feasibility of establishing an 23 hour observation billing rate and establish a DHS policy. Harbor proposes to set-up order sets, nurse documentation requirements, and provide nurse education at Harbor. This facilitates the more efficient and appropriate use of ER and Inpatient resources. This also facilitates the opening of the CORE (cardiovascular) Unit that was approved by the DHS Director. Creating an Observation Billing Rate (one of our 40 outpatient rates) could reduce Medi-Cal Denied Days if physician admitting procedures were changed. Instead of an inappropriate admission, if the patient were considered an outpatient and we billed an Observation rate we could receive outpatient Medi-Cal CBRC revenue. Note: we are not presently permitted to bill a one day stay denied day as an outpatient account. Establish new protocols for determining date of admission based on time MD orders admission.	-	1,300
51	Reduce Medi-Cal audit adjustments for psychiatric services by improving documentation in medical charts to show that patient's condition justify hospital stay and acute services.	Revenue	State auditors select a sample period and review psychiatric services provided to Medi-Cal inpatients at the hospitals to determine if the services are appropriate. We have found that the hospitals have high disallowances as the medical charts do not provide the description necessary to satisfy the medical necessity audits.	0.275	0.122
52	Improve Medicare outpatient reimbursement from the OPSS program by improving chart documentation showing all services provided to the patient during the visit.	Revenue	Compare typical Medicare reimbursement for like services provided at other private or public institutions. Determine where improvements can be made. Review Medicare billing practices to determine if additional ancillary services can be identified for billing such as injectibles, social services, etc.	-	0.677
53	Hard to Place Patients	Revenue	Significant potential savings to be realized if the County can address the placement of hard to place patients (dementia, conservatorship, etc.) that require lower level of care and do not need a hospital acute care bed. Some patients have been in the hospital for one year. This improves patient flow and result in the more efficient and effective use of inpatient resources.	-	1,000
		<b>Revenue Total</b>		<b>1,317</b>	<b>16,981</b>
54	Increase County HIM staffing in an effort to reduce contract registry costs in HIM and mitigate revenue losses (write-offs).	Staffing	Harbor spends \$1.2 million annually on registry HIM coders. Coders directly impact our ability perform third party billing. Registry costs could be reduced if additional HIM items are allocated and County staff are hired in lieu of registry. It would be helpful to allow HIM to hire some staff as unlike placements. Harbor has a HIM coding backlog that is impacting revenue generation. More account write-offs results as coding cannot occur timely within the billing status. Approx. 8 new coder items are needed and 4 registry items remain. Study feasibility of using 3rd party vendor (Accordis) vs. hiring County employees.	-	0.250
55	Reduce Full-Time Permanent Staffing Cost by Implementing New Part-Time, Hourly As Needed Item Classification in non-Nursing Depts.	Staffing	Same as above. Expand use of part-time classifications for Radiology Techs, Medical Techs, Pharmacy Techs, Pharmacists, Respiratory Care Practitioners, Nurse Anesthetists, Occupational Therapy, Physical Therapy, Medical Records Coders, etc. Reliance on registries is heavy in these item classifications. The ability to flex staff according to workload is critical in operating an efficient organization. However, the County may not be open to create part-time positions without benefits.	-	0.350
56	Reduce paid overtime expenditures.	Staffing	Implement additional paid overtime controls. The additional savings are estimated at 5% for January through June. Reduce paid overtime expenditures by 5% Hospital-Wide. Note: The 5% can be achieved from the base, but it needs to be recognized that Harbor is staffing the add'l 20 beds with overtime and registry use until the positions in the 20 bed package can be filled. LAC+USC: Monitor the use of paid overtime for replacement facility training activities.	0.174	0.631
57	Administrative Day Unit	Staffing	Revise staffing for an Administrative Day unit. Requires budget adjustment to reduce RN items and add LVN and NA items in their place.	-	0.653
		<b>Staffing Total</b>		<b>0.174</b>	<b>1,884</b>
		<b>Grand Total</b>		<b>53,404</b>	<b>89,905</b>

**Category**

Administrative Costs	24.096	12.970
Information System	0.460	4.993
Medical Administration	2.405	5.526
Nursing Registry	0.800	3.383
Pharmaceuticals	24.152	44.168
Revenue	1.317	16.981
Staffing	0.174	1.884
<b>Total</b>	<b>53,404</b>	<b>89,905</b>